

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ _____

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only																								
Identification of IPEA	Date of receipt of DEMAND																							
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION <table border="1"> <tr> <td>International application No. PCT/EP2003/010349</td> <td>International filing date (day/month/year) 15 September 2003 (15.09.03)</td> <td>Applicant's or agent's file reference RFW/B45320</td> </tr> <tr> <td colspan="2">Title of invention NOVEL DEVICE</td> <td>(Earliest) Priority date (day/month/year) 17 September 2002 (17.09.02)</td> </tr> </table>		International application No. PCT/EP2003/010349	International filing date (day/month/year) 15 September 2003 (15.09.03)	Applicant's or agent's file reference RFW/B45320	Title of invention NOVEL DEVICE		(Earliest) Priority date (day/month/year) 17 September 2002 (17.09.02)																	
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Box No. II APPLICANT(S) <table border="1"> <tr> <td rowspan="4"> Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) GlaxoSmithKline Biologicals s.a. rue de l'Institut 89 B-1330 Rixensart BE </td> <td>Telephone No. 020 8047 5000</td> </tr> <tr> <td>Facsimile No. 020 8047 6894</td> </tr> <tr> <td>Teleprinter No.</td> </tr> <tr> <td>Applicant's registration No. with the Office</td> </tr> <tr> <td colspan="2"> State (that is, country) of nationality: BE </td> </tr> <tr> <td colspan="2"> State (that is, country) of residence: BE </td> </tr> <tr> <td colspan="2"> Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) THILLY, Jacques GlaxoSmithKline Biologicals s.a. rue de l'Institut 89 B-1330 Rixensart BE </td> </tr> <tr> <td colspan="2"> State (that is, country) of nationality: BE </td> </tr> <tr> <td colspan="2"> State (that is, country) of residence: BE </td> </tr> <tr> <td colspan="2"> Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) VANDECASSERIE, Christian GlaxoSmithKline Biologicals s.a. rue de l'Institut 89 B-1330 Rixensart BE </td> </tr> <tr> <td colspan="2"> State (that is, country) of nationality: BE </td> </tr> <tr> <td colspan="2"> State (that is, country) of residence: BE </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Further applicants are indicated on a continuation sheet. </td> </tr> </table>		Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) GlaxoSmithKline Biologicals s.a. rue de l'Institut 89 B-1330 Rixensart BE	Telephone No. 020 8047 5000	Facsimile No. 020 8047 6894	Teleprinter No.	Applicant's registration No. with the Office	State (that is, country) of nationality: BE		State (that is, country) of residence: BE		Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) THILLY, Jacques GlaxoSmithKline Biologicals s.a. rue de l'Institut 89 B-1330 Rixensart BE		State (that is, country) of nationality: BE		State (that is, country) of residence: BE		Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) VANDECASSERIE, Christian GlaxoSmithKline Biologicals s.a. rue de l'Institut 89 B-1330 Rixensart BE		State (that is, country) of nationality: BE		State (that is, country) of residence: BE		<input type="checkbox"/> Further applicants are indicated on a continuation sheet.	
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Form PCT/PEA/401 (first sheet) (January 2004)

See Notes to the demand form

Sheet No. 2.

International application No.
PCT/EP2003/010349

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: (Family name followed by given name, for a legal entity, full official designation.
The address must include postal code and name of country.)WALKER, Ralph Francis
GlaxoSmithKline, C.I.P. (CN925.1)
980 Great West Road, Brentford,
Middlesex, TW8 9GS
United Kingdom

Telephone No.

020 8047 4485

Facsimile No.

020 8047 6894

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☐ as originally filed☐ as amended under Article 34the claims ☐ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☐ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☒ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54b(4.1(a)).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Form PCT/IPEA/401 (second sheet) (January 2004)

See Notes to the demand form

Sheet No. 3

International application No.
PCT/EP2003/010349

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | |
|--|---|-------|--------|
| 1. translation of international application | : | _____ | sheets |
| 2. amendments under Article 34 | : | _____ | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | _____ | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | _____ | sheets |
| 5. letter | : | 1 | sheets |
| 6. other (specify) | : | _____ | sheets |

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received not received

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


WALKER, Ralph Francis
Agent for the Applicants

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

- | | |
|--|--|
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
<input type="checkbox"/> The applicant has been informed accordingly. | 6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply. |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5. | 7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5. |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | 8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82. |

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Demand received from IPEA on:

Form PCT/IPEA/401 (last sheet) (January 2004)

See Notes in the demand form